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UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

UNCLAIMED DIVIDENDS/DISTRIBUTION LESS THAN \$5 FOR DEPOSIT TO REGISTRY FUND

DEBTOR: BRENDA J. WILLIAMS

CASE NUMBER: 08-34796:

PLEASE CHECK ONE:

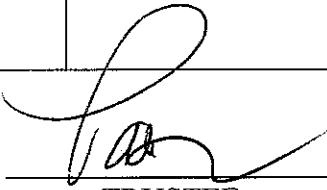
UNCLAIMED DIVIDENDS

DISTRIBUTION LESS THAN \$5

US BANKRUPTCY COURT
11 JUN 14 PM 12:33
RECEIVED
U.S. DISTRICT COURT
MINNESOTA

CREDITOR (NAME AND LAST KNOWN ADDRESS)	CLAIM NO.	AMOUNT CLAIMED	DISTRIBUTION AMOUNT
Lakeview Hospital Box 86 SDS 12 2509 Minneapolis, MN 55486	9	\$250.00	\$3.65
US Bank PO Box 5229 Cincinnati, OH 45201	13	\$46.51	\$.68

DATE June 13, 2011


TRUSTEE

DISTRIBUTION:

Original to Clerk of Court

UNITED STATES BANKRUPTCY COURT District of Minnesota		PROOF OF CLAIM
Name of Debtor: Brenda J Williams	Case Number: 08-34796	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Lakeview Hospital	<input checked="" type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends <input type="checkbox"/> a previously filed claim. <input type="checkbox"/> Court Claim Number: <small>(If known)</small> 12-4303 <input type="checkbox"/> Dated: 08 NOV 24 2008	
Name and address where notices should be sent: Lakeview Hospital Box 86 SDS 12 2509 Minneapolis MN 55486-0086		
Telephone number: 651-430-4533		
Name and address where payment should be sent (if different from above):	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ 250.00	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	Specify the priority of the claim.	
If all or part of your claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	6. Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
2. Basis for Claim: SERVICES PERFORMED (See instruction #2 on reverse side.)	<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).	
3. Last four digits of any number by which creditor identifies debtor: 8003	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).	
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)	<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)____.	
Value of Property: \$ _____ Annual Interest Rate %	Amount entitled to priority: _____	
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____		
Amount of Secured Claims: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
Date: 11/20/08	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>Mike Powers Collections Representative Mike Powers</i>	
	Send original to: U.S. Bankruptcy Court 200 Warren E Burger Federal Bldg & U.S. Courthouse 316 North Robert St. St. Paul, MN 55101	

**Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

UNITED STATES BANKRUPTCY COURT		District of Minnesota	PROOF OF CLAIM Chapter: 7 Asset
Name of Debtor: Brenda J. Williams	Case Number: 08-34796-GFK		
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): U.S. Bank N.A.</p>			
<p>Name and address where notices should be sent: P.O. Box 5229 Cincinnati, OH 45201</p>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____	
<p>Telephone number: 877-254-7827</p>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim, relating to your claim. Attach copy of statement given particulars.	
<p>Name and address where payment should be sent (if different from above):</p>		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
<p>Telephone number:</p>			
<p>11. Amount of Claim as of Date Case Filed: \$ <u>46.51</u></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p>			
<p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>			
<p>2. Basis for Claim: Money Loaned (See instruction #2 on reverse side.)</p>			
<p>3. Last four digits of any number by which creditor identifies debtor: <u>3185</u></p>			
<p>3a. Debtor may have scheduled account as: <u>Overdrawn checking acct.</u> (See instruction #3a on reverse side)</p>			
<p>4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p>			
<p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:</p>			
<p>Value of Property: \$ _____ Annual Interest Rate: _____ %</p>			
<p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____</p>			
<p>Amount of Secured Claim: \$ _____ Amount Unsecured: _____</p>			
<p>6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p>			
<p>7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)</p>			
<p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p>			
<p>If the documents are not available, please explain:</p>			
Date: 12/2/08	<p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><i>Norma Noll</i></p>		
		FOR COURT USE ONLY	

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

PATTI J. SULLIVAN
UNITED STATES CHAPTER 7 PANEL TRUSTEE
1595 Selby Avenue, Suite 205, St. Paul, MN 55104
Telephone: (651) 699-4825
Facsimile: (651) 699-4831

June 13, 2011

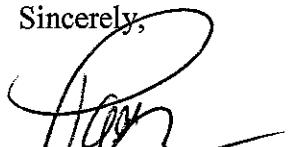
Clerk of Bankruptcy Court
U.S. Bankruptcy Court
200 Warren Burger Federal Bldg.
316 North Robert Street
St. Paul, MN 55101

Re: Brenda J. Williams
Bankruptcy Case No.: 08-34796

To Whom It May Concern:

Enclosed herein, please find the Trustee's Unclaimed Dividend/Distribution Less Than \$5 for Deposit to Registry Funds report, along with check no. 121 the amount of \$4.33 regarding the above-referenced case. If you have any questions, please feel free to contact me. Thank you.

Sincerely,



Patti J. Sullivan
Trustee in Bankruptcy

PJS: pamc

Enclosures